

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **118**
Registered No. **229**

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village _____
City Globe No. Russ Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Celia Manisio (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Dec 21, 1931
Month Day Year

8. **FATHER**
Full name Lucas Manisio
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state. _____
10. Color or race Mexican
11. Age at last birthday 19 (Years)
12. Birthplace (city or place) Globe
(State or country) Arizona
13. Occupation
Nature of Industry Laborer

14. **MOTHER**
Full maiden name Emmy Holguin
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state. _____
16. Color or race Mexican
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Marensi
(State or country) Arizona
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:45 PM on the date above stated,
(Born alive or stillborn.)

Signature S. E. Wightman M.D. (Physician or midwife).
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____
Month, day, year _____
Address Globe Ariz
Filed 1/5 1932 S. E. Wightman M.D. Registrar

346-1221-385
Registrar